

**Time Critical Diagnosis System—Steering Committee
Meeting Highlights
November 20, 2007**

Attending: Liz Deken, American Heart Association; Dr. Scott Duff, Cox Stroke Center; Dr. George Kichura, Midwest Heart Group; Dr. Randy Jotte, Missouri College of Emergency Physicians; Leslie Reed, Caroline Pelot Battles, Missouri Foundation for Health; Lois Kollmeyer, Missouri Hospital Association; Jill Kliethermes, Missouri Nurses Association; Johanna Echols, Missouri State Medical Association; Wally Patrick, State Advisory Council on EMS, Trauma Committee; Dr. Lynthia Andrews, State Advisory Council on EMS; Jane Drummond, Belinda Heimericks, Anita Berwanger, Karen Connell, Dr. Samar Muzaffar, Deborah Markenson, Mary Kleffner, Beverly Smith, Missouri Department of Health and Senior Services (DHSS); Kelly Ferrara, John Combest, The Vandiver Group, Inc.

Unable to attend: Dr. Bill Jermyn, DHSS; Dr. Jeffrey Kerr, Missouri Association of Osteopathic Physicians; Joan Eberhardt, Missouri Emergency Nurses Association

Welcome and History

DHSS Director Jane Drummond welcomed the group and expressed her strong support to establish a time critical diagnosis (TCD) system. Funding from the Missouri Foundation for Health (MFH) allows DHSS to maintain the EMS Medical Director position in the Director's Office- occupied by Dr. Bill Jermyn- who is leading efforts to advance system development. This year the Department has also received funding and technical support from the Centers for Disease Control and Prevention for planning and implementation.

Leslie Reed reviewed MFH's long-term backing to establish a TCD system. Detailed information about the history of the project was provided in the Steering Committee notebook. MFH has secured The Vandiver Group, a strategic communications firm in St. Louis, to provide support for this project and help facilitate the planning process.

Kelly Ferrara and Deborah Markenson were introduced as the co-facilitators for the task force. Deborah reviewed the goal and outcomes for the process.

Task Force Goal—improve health outcomes by establishing TCD system for Missourians who have a stroke or ST-elevation myocardial infarction (STEMI)

Outcomes to achieve by June 2008:

1. TCD system design that supports trauma, stroke and STEMI.
2. Consensus plan to create a functional system for transport, diagnosis and treatment of stroke within TCD system by 2010.
3. Consensus plan to create a functional system for transport, diagnosis and treatment of STEMI within TCD system by 2010.
4. Measures for each component of TCD system to evaluate outcomes and improve quality of care for stroke and STEMI.
5. Statutory authority to create functional TCD systems for stroke and STEMI.

A logic model for the process was reviewed with the group. Kelly emphasized the importance of first establishing the state system plan by June, 2008 (Phase 1) that will lay the groundwork for implementation of the system plan starting in July 2008 (Phase 2). Missouri's current care

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delivery is good but improvements in technology and treatment necessitates a review of the components of the TCD system in order to determine changes needed for stroke and STEMI care as has been done for trauma care. It was acknowledged that the group may be eager to address details and implementation issues in the next few months but success will require that a state system plan be in place first, before details for each of the care components can be addressed. The facilitators will use a "parking lot" to record implementation issues that members may raise during the planning process.

Task force and steering committee composition reflects a broad array of perspectives. The system plan must be built with input from all and a balance of input from each essential component so these elements align into a cohesive system. The task force has an ad hoc function and when the plan is done in June 2008, the group will disband. Separate group(s) will manage the implementation phase. Some of the task force members may choose to continue to be involved in this second phase.

The role and responsibilities of the Task Force were reviewed by Kelly and include:

1. Finalize guiding principles and adhere to those principles.
2. Develop TCD system design to serve both stroke and STEMI with attention to range of components and stakeholders that system must address (patient, physician, EMS, Emergency Department, hospitals (all types) and payer).
3. Define barriers, gaps and policy implications for ideal system.
4. Represent respective organization or agency perspectives.
5. Establish strategic plans.
6. Inform and approve measures of system components.

Deborah reviewed the **role of the Steering Committee**.

The assignment scope, group process and size of the task force make it difficult for all issues to be resolved at the task force level. For that reason, a smaller group, the steering committee, has been convened with the following responsibilities:

1. Advise on process to develop a consensus plan.
2. Review and modify guiding principles for full task force approval and use.
3. Assure that key stakeholders are invited to participate in systems design.

Members were requested to contribute additional names as soon as possible if there are individuals or organizations that have not yet been invited to the task force.

4. Commit time to ensure plan development moves forward.

Substitutions for organization representatives can be made but it will be requested that substitutes come briefed on issues and decisions discussed at prior meetings. Meeting highlights will be widely available and posted on the info@360365.org.

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5. Help resolve problems or issues that may arise from full task force.

A review of options was discussed for how best to do this, and the group decided to have written meeting highlights shared within a short timeframe after the meeting and meet 30-60 minutes before the start of task force meetings to review any pending issues or decisions. The group would like to avoid conference calls due to the finite time everyone has available and the difficulty in finding common times. They also preferred meeting at the beginning of task force meetings with a short debriefing at the end of the meeting.

A problem resolution process was established to resolve controversies or reach consensus on difficult issues. The facilitators will call time when an issue results in extensive discussion with no consensus, allow a representative from each perspective up to 3 minutes to make the case for their point and then do a group vote of the steering committee. If strong dissention continues, then facilitators will record both the majority and minority opinion.

Guiding Principles and Ground Rules:

The steering committee reviewed and discussed proposed guiding principles and ground rules. The guiding principles are being established to set the philosophical base for the task force decisions and steer planning actions. The proposed guiding principles are listed below. The facilitators will word smith these before the next meeting.

Guiding Principles:

1. Patient-centered care is the number one priority;
2. High-quality care that is safe, effective, timely and accessible by all populations;
3. Stakeholder consensus on systems infrastructure;
4. A role for local community hospitals to maintain critical access to local health care;
5. Increased operational efficiencies;
6. Apply evidence-based decision making and not rely on perspectives;
7. An evaluation mechanism that is feasible, allows state to track progress and supports improving health outcomes across the population;
8. Support population base;
9. Build each part that supports the overall product;
10. System efficiency depends on component success;
11. Access facilitated for all; and
12. A functional and efficient system needs to be measurable across the population.

The proposed ground rules and values approved:

Ground Rules:

1. Start and stop on time
2. Facilitators
3. Good facilities and accommodations
4. Clear agenda
5. Clear process for each meeting so participants can focus on content
6. Consensus building procedure—when there are differing approaches each perspective will be given 3 minutes to present a point of view and then the group will vote
7. Silence electronic devices
8. Limit acronyms
9. Agenda out in advance—to steering committee and on Web
10. Call out decision points in advance
11. Facilitators should be tough

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12. One vote per agency/organization

Values:

1. Respect each others' perspectives and allow time for all to speak
2. Limit time so one person does not dominate
3. Everyone participates

Process Outline

Meeting 1 (December 11, 2007)—meeting to give all common primer on TCD issues that will inform decision making to establish plan.

- National and Missouri Stories
- Advances in STEMI care systems
- Advances in stroke care systems
- Overview of the Time Critical Diagnosis (TCD) and trauma system 101
- Innovative and best practices for systems of care
- Overview of Task Force mission
 - Guiding principles
 - Task Force roles and responsibilities
 - Sub-groups
 - Task Force support and resources
 - Task Force resource and homework notebook

Meeting 2 (January 15, 2008)

Full Group

- Review core elements of TCD system and highlights from December meeting
- Outcomes and tools for the day

Work Groups

Several options for work groups were discussed.

1. Two work groups, one for stroke and one for STEMI
2. Two work groups, randomly assigned
3. One large group
4. Three work groups, one for stroke, one for STEMI and one for common systems development issues.

No conclusive decision was made at the meeting. Strongest support was expressed for options number 1 and 4. Kelly and Deborah will examine in more detail the pros and cons of these options in relation to the process. It is possible that several of these options may be employed during the course of the planning.

- Identify current system components for Missouri

Discussion was held on whether to start with outlining the ideal system or the current system and it was consensus decision to start with the current system.

Full Group

- Work group leaders report out to full task force

Inclement weather date (Date subsequently set for January 31, 2008)

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The steering committee approved this additional date in view of the possibility of inclement weather.

Meeting 3 (February 15, 2008)

Work Groups

- Design an ideal system for Missouri for care of stroke and STEMI within a TCD System
- Compare to current system (detailed from meeting 2)
 - Identify biggest gaps and the areas that offer greatest potential for improvements.
 - Review from perspective of patient, health care provider, EMS, small hospital, large hospital, and payer.
- Identify recommendations
- Assign homework—task force members will flesh-out recommendation concepts for presentation at next meeting.

Full Group

- Each work group reports to entire full group
- Compare respective recommendations between each group and discuss similarities and differences for STEMI and stroke
- Identify common ground

Meeting 4 (February 28, 2008)

Work Groups

- Presentations on each recommendation (assigned during meeting 3).
- Discuss and modify as needed
- Put in priority order
- Determine which to recommend as part of TCD plan

Full Group

- Each work group presents their priority recommendations for inclusion in state plan
- Compare and discuss recommendations from each group
- If needed, additional sub-group discussion to modify priorities based on input from other sub-group so all recommendations fall within overarching TCD System design

Meeting 5 (March 18, 2008)

- Present final recommendations from each group
- Present proposed measures for system
- Open dialog and discussion to inform final plan for recommendations and measures

March and April

- DHSS compile draft plan, post on Web site and promote widely
- Comment period
- Incorporate comments and publish plan

July 2008—Begin Phase 2 – Plan implementation with advisory committees and implementation team